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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE* \*\*\*\*\* *S.A*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE* \*\*\*\*\* *S.A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 26	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 14
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
Examiner's Signature: *S. J. [Signature]* Initials: *3,22,04*

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TITLE  
System and method of providing mask defect printability analysis

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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